



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R12/9-09)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →									
SECTION A. CANDIDATE INFORMATION: <i>Fill in all applicable boxes as fully and accurately as possible.</i>									
2. Last Name JEZIERSKI		First Name MICHAEL		Middle Name		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 6237 NEWBERRY CT #102					5. FAX (Optional) ()		6. E-mail Address (Optional) mike.jezierski@gmail.com		
7. City INDIANAPOLIS		State IN	ZIP Code 46256	8. County MARION		9. Telephone (Day) 317-408-7314		10. Telephone (Evening) ()	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other					12. Office Sought (Include district number, if any. Not required for an exploratory committee.) CITY-COUNTY COUNCIL AT-LARGE (VACANCY)				
SECTION B. COMMITTEE INFORMATION: <i>Fill in all applicable boxes as fully and accurately as possible.</i>									
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name MICHAEL JEZIERSKI FOR COUNCIL									
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 8444 E WASHINGTON ST					15. FAX (Optional) ()		16. E-mail Address (Optional)		
17. City INDIANAPOLIS		State IN	ZIP Code 46219	18. County MARION		19. Telephone ()		20. Committee Organization Date (MM-DD-YY) 02-19-2010	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson ERNIE SHEARER									
22. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 3145 CHERRY LAKE ROAD					23. FAX (Optional) ()		24. E-mail Address (Optional)		
25. City INDIANAPOLIS		State IN	ZIP Code 46235	26. County MARION		27. Telephone (Day) 317-430-1050		28. Telephone (Evening) ()	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) FIFTH THIRD BANK									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.					Person Appointed Treasurer GARY JENNINGS				
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer GARY JENNINGS					Signature of the Committee Chairperson 				
34. Mailing Address <input type="checkbox"/> Check if this is a new address 2014 N GALESTON					35. FAX (Optional) ()		36. E-mail Address (Optional)		
37. City INDIANAPOLIS		State IN	ZIP Code 46229	38. County MARION		39. Telephone (Day) ()		40. Telephone (Evening) ()	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)									
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).					Signature of Person Accepting Appointment 				
SECTION E. CERTIFICATION OF STATEMENT									
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.									
42. Typed or Printed Name of Chairperson ERNIE SHEARER			Signature of Chairperson 			Date (MM-DD-YY) 02-19-10			
43. Typed or Printed Name of Candidate MICHAEL JEZIERSKI			Signature of Candidate 			Date (MM-DD-YY) 02-19-10			
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).									

FOR OFFICE USE ONLY

Elizabeth J. White

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